L06000001646

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name) .
(Document Number)
Codification of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
A. LUNT
JAN 1 3 2010 EXAMINE
EXAMINER
Office Use Only
f i



100165634871

01/11/10--01005--022 **25.00

2010 JAN 12 AH 11:56
SECRETARY OF STATE

FILED

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: LINCOIN Lending Ser (Name of Dimited L	rices, UC iability Company)
The enclosed member, managing member or man filing.	ager resignation and fee(s) are submitted for
Please return all correspondence concerning this	
Giselle Del Amo Esq (Contact Person)	SECRETARY OF STATE TALLAHASSEE, FLORIDA MIDDA 300 MIDDA 300 MIDDA 300 MIDDA 300 MIDDA 300 MIDDA 400 M
Infante? Zumpano, Hudson + (Firm/Company)	milochi UC
500 S. Dixie High way, Sur	te 302
Coral Gables FL 33144 (City/State and Zip Code)	
For further information concerning this matter, pl	ease call:
GISEILE DEI Amo at ((Name of Contact Person)	3b7) 503 - 299 O Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314

Tallahassee, Florida 32301

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

1. The name of the lir	nited liability company as it appears on the record	is of the Flor	rida De _l	oartmer	nt
of State is: Lin.	coln lending Services, LLC		SECK	7 0 lb2	
2. This limited liability Flond	cy company was organized under the laws of:		ETARY OF S	10 JAN 12 AMI	ררכ
3. The Florida docum	ent/registration number of this limited liability co	mpany is:	LORIDA	AM 11: 56	
4. I, AICIG	A Gome Z , hereby resign as a ge of Person Resigning)	a <u>Hanao</u> (Pri	nt Title)		
of this limited liabil resignation in writing	ity company and affirm the limited liability comp ng.	any has beer	notifie	d of my	У
Signature of Resign	ing Member, Managing Member or Manager				
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)				